

1. County: _____	2. Contract #: _____	3. Invoice #: _____
Address: _____	4. Report Period (mm/dd/yy)	5. Modification This Period
_____	From: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	To: _____	Modification # _____

BUDGET							
LINE ITEMS	A. STATE FUNDS	B. HARD MATCH	C. IN KIND MATCH	D. ANY OTHER MATCH	E. PRIOR EXPENDITURES	F. THIS PERIOD	G. BALANCE
6. Salaries and Benefits							\$0.00
7. Travel/Per Diem							\$0.00
8. Professional Services							\$0.00
9. Other (Describe)							\$0.00
10. Administrative Overhead							\$0.00
11. Grand Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

RECAP	H. EXPENDITURES TO DATE	I. EXPENDED/CLAIMED THIS PERIOD
12. Hard Match		
13. In Kind Match		
14. Any Other Match		
15. State Funds		
16. Total Expended/Claimed	\$0.00	\$0.00

*I certify that this report is accurate and in accordance with Board of Corrections regulations, policies, and procedures. I further certify these are actual expenditures and all funds received from the Board are in reimbursement of funds expended for the purpose of liquidating obligations legally incurred for the payment of the state's share of the eligible expenses incurred in the previous quarter, as required under Article 13.A. of Exhibit A of the grant contract.*

PERSON PREPARING REPORT	PROJECT FINANCIAL OFFICER	PROJECT MANAGER
Signature	Signature	Signature
Name	Name	Name
Title	Title	Title
Date	Date	Date
Telephone No.	Telephone No.	Telephone No.

Mail To: Board of Corrections Sacramento, CA 95814-0185	Approval: _____ Board of Corrections Representative	Date: _____
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